

Richard Sternberg, DC
1534 Broadway
Brooklyn, NY 11221
DrSternberg@gmail.com
(718)576-2666 office
(646)385-7976 fax
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Gregory Antollino
275 7th Ave., Suite 705
New York, NY 10001
Gregory10011@icloud.com
(212)334-7397

Mr. Antollino,

I am writing to you regarding Lerin Pierce. The purpose of this letter is to provide a background to the nature of his complaints along with his diagnosis, and prognosis. On November 5, 2015 Mr. Pierce presented to my office with complaints of pain in his neck and lower back pain. Mr. Pierce explained that his complaints were present for more than one year and stemmed from a motor vehicle accident in which he was struck as a pedestrian. Over the course of treatment that extended through August 5, 2016 it was explained to me that Mr. Pierce was struck by a police vehicle attempting to apprehend Mr. Pierce. His initial complaints from November 5, 2015 are as follows:

Back Pain: pt enters with chronic lbp on the right side for >1yr after being struck by a car. The pain radiates up the spine to the thoracic region. He states the pain is worse when sitting, bending, driving, and rising from a seated position. The pain is described as aching constant pain sometimes sharp 8.5/10 pain. The patient is taking mm relaxers NSAID's, and lidocaine cream. Pt is uncomfortable when he tries to sleep

Neck Pain: pt also c/o chronic neck pain bil also after being struck by a car. The pain causes headaches and radiates to bil shoulders. The pain is worse prolonged sitting and reading. The pain is described as aching, pinching constant 7-8/10 and can be as strong as a 9/10

MRI of the cervical and lumbar spine were performed to visualize possible nerve root pathology and to determine the probable nature of the pathology that was causing his local and radicular complaints. The results of the MRI's from November 2015 are as follows:

Study Result

History: Persistent low back pain.

Magnetic resonance images of the lumbar spine were performed on a 1.5 Tesla scanner. Sagittal T1, T2 weighted and STIR sequences were performed as well as axial T1 and T2 weighted sequences from T11 through S1.

Correlation is made with the plain film radiographs performed on 6/3/2015.

Examination demonstrates that there is degenerative disk disease with disc desiccation at L4-L5. The signal from the other lumbar disc spaces is within normal limits and the disc heights are well-maintained. The alignment is normal. Bone marrow signal is normal. The conus ends normally at L1. The visualized retroperitoneum is within normal limits.

Review of the individual disk levels demonstrate the following:

T11-T12 through L2-L3: Normal without significant disc bulging or herniation, no significant facet arthrosis and no significant central canal or neural foraminal stenosis.

L3-L4: There is mild diffuse bulging of the disk without any significant facet arthrosis and no central canal or foraminal stenosis.

L4-L5: There is diffuse bulging of the disk asymmetric to the left with a superimposed broad-based left central disc protrusion. This indents the ventral thecal sac to the left of midline causing mild central stenosis. There is mild bilateral foraminal narrowing, left greater than right

L5-S1: Normal without significant disc bulging or herniation, no significant facet arthrosis and no significant central canal or neural foraminal stenosis.

Impression:

Degenerative disc disease at L4-L5 with bulging of the disc asymmetric to the left with a small left central broad-based disc protrusion which mildly indents the ventral thecal sac to the left of midline causing mild central stenosis to the left midline. There is also mild bilateral foraminal narrowing, left greater than right at L4-L5

Final Report: Dictated by and Signed by Attending MICHAEL B. MECHLIN MD
11/12/2015 8:04 AM

Study Result

History: Chronic neck pain after being struck by motor vehicle more than one year ago.

MRI of the cervical spine

Technique: Multiplanar, multi sequential images of the cervical spine were obtained on a 1.5 T scanner using a standard protocol.

Prior study: None

Findings:

Bone: There is no acute fracture. The vertebral heights are maintained. There are no areas of bone destruction or marrow replacement.

Alignment: There is no scoliosis. There is no listhesis.

Disc spaces: Minimal disc desiccation at C2-3 and C5-6.

Spinal cord: Unremarkable

Paraspinal/Prevertebral soft tissues: Unremarkable

Evaluation of the individual motion segments demonstrates the following:

C2/3 level: No disc herniation, canal stenosis, or foraminal narrowing.

C3/4 level: No disc herniation, canal stenosis, or foraminal narrowing.

C4/5 level: No disc herniation, canal stenosis, or foraminal narrowing.

C5/6 level: Minimal disc ridge complex without canal stenosis or foraminal narrowing.

C6/7 level: No disc herniation, canal stenosis, or foraminal narrowing.

C7/T1 level: No disc herniation, canal stenosis, or foraminal narrowing.

Impression: Minimal degenerative disc disease at C5-6 without canal stenosis or foraminal narrowing.

Final Report: Dictated by Fellow Konstantin Krepin MD and Signed by Attending Jenny Bencardino MD 11/18/2015 1:52 PM

During the period of November 5, 2015 through August 5, 2016 Mr. Pierce had received chiropractic services a total of 37 times for the diagnosis of lumbar radiculopathy, lumbar disc protrusion, lumbar central stenosis, lumbar foraminal stenosis and cervical radiculopathy in the NYU facility I was employed with at the time. Although the cervical complaints were not as severe as his lower back complaints both complaints persisted throughout ten months of treatment with only short periods of relief. Furthermore, Mr. Pierce

also had two rounds of epidural injections (EDI's) on May 11, 2016 and June 8, 2016 in the lumbar spine to manage the pain but only provided short term relief. In addition to the EDI's performed, a follow up MRI of the lumbar spine was performed on October 25, 2017 which demonstrated the condition in the lumbar spine had not changed significantly in the near 12 months' time between the two studies. The report is as follows:

Study Result

CLINICAL INDICATION: Lower back pain 6 weeks radiculopathy

TECHNIQUE: Multiplanar multisequence MRI of the lumbar spine was performed without the administration of intravenous contrast.

COMPARISON: November 11, 2015

FINDINGS:

There is mild anterior wedging of the mid and upper lower vertebral bodies, unchanged as prior examination. No acute fracture. A prominent L4-5 disc protrusion is again present. The alignment is preserved. The canal is not significantly compromised. The lower thoracic cord and conus are grossly normal where included for characterization. Marrow signal is satisfactory for age.

Evaluation of individual levels demonstrates:

L1/2: No spinal canal or neuroforaminal stenosis.

L2/3: Minor bulge no significant stenosis

L3/4: Minor bulge no significant stenosis mild facet arthropathy

L4/5: Central and left paracentral bulge and superimposed protrusion which crowds the ventrolateral canal on the left and may affect the course of descending left L5 nerve root in stable fashion. Mild left foraminal narrowing is unchanged.

L5/S1: No spinal canal or neuroforaminal stenosis.

The visualized paravertebral soft tissues appear normal.

Impression:

Stable examination. L4-5 disc bulge and superimposed protrusion again crowds the course of descending left L5 nerve root

Final Report: Dictated by and Signed by Attending Seena Delkharghani MD
10/26/2016 9:27 AM

Due to the nature of Mr. Pierce's condition as presented on the MRI's performed and his clinical presentation, it is of my opinion that Mr. Pierce's condition will remain chronic indefinitely, requiring ongoing episodic treatment. Furthermore, in my experience, it is to be expected that the degenerative component present and arising from his diagnosis will progressively exacerbate as Mr. Pierce ages.

Sincerely,



Richard Sternberg, DC